

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**

**ORIGINAL**

(File Original and 3 copies)

Docket No. 00-0589  
ICC Office Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

(Applicant's Name)

Petition for Eligibility pursuant to  
83 Illinois Administrative Code 755,  
Section 210.

**PETITION FOR ELIGIBILITY**  
(Use additional sheets as necessary.)

ILLINOIS  
COMMERCE COMMISSION  
SEP 1 1 40 PM '00  
CHIEF CLERK'S OFFICE

**GENERAL**

1. Applicant's Name(including d/b/a, if any)

FEIN # 36-3668518

HANDS, An Advocacy Network with the Deaf & Hard of Hearing known as HANDS Org.

Address: Street 2501 W. 103<sup>rd</sup> St.

City Chicago State/Zip IL 60655

Telephone Number 773/239-6662 TTY

Fax Number 773/239-2565

2. Address and telephone number of the applicant's headquarters:

Address: Street 2501 W. 103<sup>rd</sup> St.

City Chicago State/Zip IL 60655

Telephone Number 773/239-6662 TTY

Fax Number 773/239-2565

3. Address and telephone number of the office in which the TTY will be located:

Address: Street 2501 W. 103<sup>rd</sup> St.

City Chicago, State/Zip IL 60655

Telephone Number 773/239-6662 TTY

4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."

5. Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment set.

**Brochure enclosed**

6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.

**Board list enclosed**

7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.

**Documents enclosed**

8. Please attach a copy of the organization's most recent annual report (if applicable).

**Annual Report enclosed**

9. Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC).

**No**

10. Has the organization operated under any other name in the past?

**No**

  
(Signature of Applicant)

**VERIFICATION**

This application shall be verified under oath.

**OATH**

State of Illinois )  
County of Cook )ss

Kate Kubey makes oath and says that she is Executive Director  
(Insert here the name of affiant) (Insert the official title of the affiant)  
of HANDS, An Advocacy Network with the Deaf & Hard of Hearing  
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

Kate Kubey  
(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/  
(Title of person authorized to administer oaths)

in the State and County above named, this 23<sup>d</sup> day of August 192000

Lorri A. Neely 6/30/2002  
(Signature of person authorized to administer oath)

